

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) LeA36493[67860(303989)]	
Application Number 10/537,614-Conf. #6701		Filed February 6, 2006	
For ISOLATED FLUORESCENT PROTEIN FROM CLYTIA GREGARIA CGFP AND USE THEREOF			
Art Unit 1633	Examiner	S. Long	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	Fee \$490	Small Entity Fee \$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <small>(as measured from petition grant date of 7/18/08)</small>	Fee \$1110	Small Entity Fee \$555	\$ 1,110.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	Fee \$1730	Small Entity Fee \$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	Fee \$2350	Small Entity Fee \$1175	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>58,423</u>			
<u>/Gabriel J. McCool/</u> Signature		November 26, 2008 Date	
<u>Gabriel J. McCool</u> Typed or printed name		(203) 353-6875 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: November 26, 2008

Electronic Signature for Gabriel J. McCool: /Gabriel J. McCool/